

## **EXHIBIT H**

POLICY NO. MPA 81 29 88 COMMERCIAL PACKAGE

MPA 81 29 88

- ☒ NOTICE OF POLICY EXPIRATION  
☐ NOTICE OF CANCELLATION  
 FOR NONPAYMENT OF PREMIUM

HARLEYSVILLE MUTUAL INS. CO.  
 355 MAPLE AVE  
 HARLEYSVILLE PA 19438

Agent

07-3641  
 S. T. GOOD INSURANCE, INC.  
 67 CHRISTIANA ROAD  
 NEW CASTLE DE 19720

650  
 PAYER LAYNE DREXEL  
 1910 OLD CAPITOL TR  
 NEWARK DE 19711

EXPIRATION	
EFFECTIVE	PAST DUE
06-08-04	AMOUNT
12.01 AM	\$283.80
STANDARD TIME	

WE HAVE NOT RECEIVED YOUR PREMIUM PAYMENT. COVERAGE EXPIRED ON THE DATE STATED ABOVE. CONTINUOUS PROTECTION IS POSSIBLE IF PAST DUE AMOUNT IS RECEIVED BY THE COMPANY/AGENT BEFORE THE EXTENDED DUE DATE OF 06-30-04 12.01 AM STANDARD TIME

Any non-payment cancellation notice will take precedence over notice of cancellation or non-renewal for any other reason, and the date on the non-payment cancellation notice shall be the date of cancellation.

RETURN THIS PORTION WITH YOUR PAYMENT

Policy No.	MPA812988	EXPIRATION	PAST DUE
	COMMERCIAL PACKAGE	EFFECTIVE	AMOUNT
Insured	LAYNE DREXEL	06-08-04	\$283.80 DRE
		12.01 AM	
		STANDARD TIME	
		EXTENDED DUE DATE	06-30-04

BRANCH 30

Please make your check or money order payable to HARLEYSVILLE INSURANCE and forward payment in the enclosed envelope to the PROCESSING CENTER AT 355 MAPLE AVENUE, HARLEYSVILLE, PA 19441. Include your policy number on the face of the check. MAIL IT TODAY TO KEEP YOUR VALUABLE PROTECTION IN FORCE. If your payment has already been forwarded, it will be acknowledged. THANK YOU FOR YOUR PAYMENT!

061404 EXPIRATION DATE If address change, cross out the 'Y' and indicate new address below Insured Name  
 CONTROL 173 060805

Mailing Date: 061504  
 C-550 (Ed. 12-96)

Y

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